

DECLARATION

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe that I am the original, first, and sole inventor (if only one name is listed below), or the below named inventors are the original, first, and joint inventors (if more than one name is listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "METHOD FOR SELECTING COLOR FOR A DENTAL PROSTHESIS", the specification of which:

	is attached hereto.
\boxtimes	was filed on November 26, 2003 as Application Serial No. 10/723,213

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim priority benefits under 35 U.S.C. § 119(a)-(d) or (f), or § 365(b) of any foreign application(s) for patent, United States provisional application(s), inventor's or plant breeder's rights certificate(s), or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, any foreign application for patent, United States provisional application(s), inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

PK	IORITY APPLICATION	N(2)	Priority Claimed?
Number	Country	Date Filed	Yes/No

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s) listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose all information known to me to be material to patentability of the subject matter claimed in this application, as "materiality" is defined in 37 C.F.R. § 1.56, which become available between the filing date of the prior application and the national or PCT international filing date of this application:

Serial Number	Filing Date	Status

I hereby direct that all correspondence and telephone calls be addressed to Customer No. 23369, Howrey Simon Arnold & White, LLP, 750 Bering Drive, Houston, TX 77057-2198, (713) 787-1400.

I HEREBY DECLARE THAT ALL STATEMENTS MADE OF MY OWN KNOWLEDGE ARE TRUE AND THAT ALL STATEMENTS MADE ON INFORMATION AND BELIEF ARE BELIEVED TO BE TRUE; AND FURTHER THAT THESE STATEMENTS WERE MADE WITH THE KNOWLEDGE THAT WILLFUL FALSE STATEMENTS AND THE LIKE SO MADE ARE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH, UNDER SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE AND THAT SUCH WILLFUL FALSE STATEMENTS MAY JEOPARDIZE THE VALIDITY OF THE APPLICATION OR ANY PATENT ISSUED THEREON.

Inventor's Full Name	Mary RILEY
Inventor's Signature	The I fill
Country of Citizenship:	US Date: 5-10-04
Residence Address: (number, street, city, state,	1214 DANBURY, HOUSTON TX 77055
country) Post Office Address:	1217 DANBURY, NOUSTON 1X 77055
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Inventor's Full Name	Colleen	M.	FOSTER
Inventor's Signature			
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Residence Address:	19615 Emerald Ridge	Lane	
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FROM : Gemini Dental Laboratory, Inc. PHONE NO. : 281+870+0708

May. 06 2004 10:40AM P2



File No. 13591.0003.NPUS00

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rni	ORTH AFFIICATION	(5)	Priority Claimed?
Number	Country	Date Filed	Yes/No

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FROM : Gemini Dental Laboratory, Inc. PHONE NO. : 281+870+0708

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Inventor's Full Name	Mary	F.	RILEY	
Inventor's Signature				
Country of Citizenship:	US	Date:		
Residence Address: (number, street, city, state, country)				
Post Office Address: (if different from above)				

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